Arizona State Department of Health

VISION OF VITAL STATISTICS State File No. 157

State of _Arizona_

County of _Gila_ } ss.

Affidavits for Correction of a Record

Mrs. Stella Frau of _Roosevelt Arizona_
(Name of Affiant) (Address)

being first duly sworn, deposes and says that he/she is _Friend_
(If related specify degree—If friend or otherwise, so state)

of _Owen Lyon Reynolds_ { who was born } in the City of _Globe_
                        { ~~who died~~ }

County of _Gila_ on _December_ _24_ _1923_
                                (Month) (Day) (Year)

as stated in a certificate of birth/~~death~~ filed by _L. E. Wightman, M.D._
(Give name of physician or midwife for birth—Undertaker for death)

with the Local Registrar for _Globe_ , Arizona, on _12- 28- 1923_
(Date)

That the following facts set forth in said certificate are not correctly stated therein, to-wit:

Father's birthplace: Woonsochet,Md.

Mother's birthplace: Hyatteville,Md.

That affiant upon his/her own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows: Father's birthplace: Woonsocket,Rhode Island

Mother's birthplace: Hyattsville,Md.

(Affiant) _Mrs. Stella Frauer_

(Address) _Roosevelt Arizona_

Subscribed and sworn to before me this _5_ day of _January_ , 19_50_

State of _Arizona_ } ss.
County of _Gila_

Notary Public _Fred W. Voorhis_

My Commission expires _2-1-54_ Address _Roosevelt, arizona_

Mrs. Sallie B. Pemberton of _Roosevelt Arizona_
(Name of Affiant) (Address)

Arizona, being first duly sworn, deposes and says that he/she has knowledge of the facts hereinbefore alleged and that the said facts as stated therein are true.

(Affiant) _Mrs. Sallie B. Pemberton_

(Address) _Roosevelt, Arizona_

Friend
(If related specify degree—If friend or otherwise, so state)

Subscribed and sworn to before me this _5_ day of _June_ , 19_50_

Notary Public _Fred W. Voorhis_

My Commission expires _2-1-54_ Address _Roosevelt, arizona_

Form V. S. 1